

Exhibit A

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052023223847		CERTIFICATE OF DEATH		3202319049752	
STATE FILE NUMBER		DATE OF DEATH 03/04/1979		LOCAL REGISTRATION NUMBER 10F2	
1. NAME OF DECEASED - FIRST, MIDDLE OSCAR		2. SEX M		3. LAST Family VASQUEZ LOPEZ	
4. ADDRESS KNOWN AS - Include full AKA (Street, Room, Suite, etc.)		5. DATE OF BIRTH (MM/DD/YY) 04/04/1944		6. DEATH MONTH April	
7. BIRTH STATE/FOREIGN COUNTRY GUATEMALA		8. EVER IN US ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		9. MARITAL STATUS/SHIP at Time of Death NEVER MARRIED	
10. DECEASED'S PLACE OF Birth (See Item 6 above) 04 GUATEMALAN		11. DECEASED'S PLACE - Use for 3 names max. See Item 6 above (see instruction on back)		12. DATE OF DEATH (mm/dd/yy) 10/07/2023	
13. OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CONSTRUCTION WORKER		14. KIND OF BUSINESS OR INDUSTRY (e.g., SERVICE, MANUFACTURE, EMPLOYMENT AGENT, etc.) CONSTRUCTION		15. YEARS IN OCCUPATION 4	
16. DECEASED'S RESIDENCE (Street and number, if available) 2036 E. WHITING AVE. APT. 5					
17. CITY FULLERTON		18. COUNTY/PROVINCE ORANGE		19. ZIP CODE 92831	
				20. YEARS IN COUNTY 4	
				21. STATE/FOREIGN COUNTRY CA	
22. INFORMANT'S NAME, RELATIONSHIP NELSON GUDIEL VASQUEZ VELASQUEZ, SON					
				23. INFORMANT'S MAILING ADDRESS (NAME AND ADDRESS OF THE PERSON TO WHOM THIS CERTIFICATE IS TO BE MAILED) 2036 E. WHITING AVE. APT. 5, FULLERTON, CA 92831	
24. NAME OF SURVIVING SPOUSE/GP - FIRST ANGEL		25. MIDDLE MICAELA		26. LAST BIRTH NAME VASQUEZ	
				27. BIRTH STATE GUATEMALA	
28. DEPOSITION DATE (mm/yy) 10/29/2023		29. PLACE OF FINAL DISPOSITION CEMENTERIO GENERAL MUNICIPIO LAS CRUCES, DEPARTAMENTO DE PETEN, GUATEMALA 17000		30. LICENSE NUMBER EMB9025	
31. TYPE OF DEPOSITION TRANSIT/BURIAL		32. SIGNATURE OF EMBALMER MICHAEL LEONARD PADILLA		33. DATE (mm/yy) 10/13/2023	
34. NAME OF FUNERAL ESTABLISHMENT FUNERARIA LATINO-AMERICANA		35. LICENSE NUMBER FD1412		36. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
37. PLACE OF DEATH PARKING LOT		38. HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> DCA <input type="checkbox"/> Nameless <input type="checkbox"/> Nursing <input type="checkbox"/> Home/HC <input checked="" type="checkbox"/> Other		39. # OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> DCA <input type="checkbox"/> Nameless <input type="checkbox"/> Nursing <input type="checkbox"/> Home/HC <input type="checkbox"/> Other	
40. COUNTY LOS ANGELES		41. FAMILY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		42. CITY LOS ANGELES	
43. CAUSE OF DEATH Show the chart of events - disease, injuries or complications -- that directly caused death. DO NOT enter terminal events such as failed resuscitation, resuscitation efforts or convulsions without preceding the cause(s). DO NOT abbreviate.				44. TIME REPORTED TO CORONER Initials and Date RAPID 2023-13617	
45. IMMEDIATE CAUSE (Final disease or condition resulting in death) IN SHOTGUN WOUND OF NECK AND SHOULDER				46. TIME OF DEATH Initials and Date Rapid 2023-13617	
47. SUBSEQUENT CONDITIONS, IF ANY, LEADING TO DEATH OR CONSEQUENTLY AND UNDERLYING CAUSE DEATH OR LEAD TO DEATH NONE				48. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE SHOWN IN 47 NONE				50. MEDICAL RECORDS REVIEWED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
51. PHYSICIAN'S CERTIFICATION AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Deceased, Intervenor, Suspect Deceased Last Seen Alive		52. SIGNATURE AND TITLE OF CERTIFIER EVPONNE R-JACKSON		53. LICENSE NUMBER EVONNE R-JACKSON, DEP CORONER	
54. CAUSE OF DEATH MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Autopsy <input type="checkbox"/> Death Not Yet Determined		55. INJURED AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		56. DEATH DATE (mm/yy) 10/07/2023	
57. PLACE OF INJURY (e.g., home, construction site, isolated area, etc.) OTHER: PARKING LOT				58. DATE (mm/yy) 10/12/2023	
59. DESCRIBE HOW DEATH OCCURRED (Events which resulted in death) SHOT BY OTHER					
60. LOCATION OF INJURY (Street and number) or location, and city, and zip 21051 SHERMAN WAY, LOS ANGELES, CA 91303					
61. SIGNATURE OF CORONER, DEPUTY CORONER EVONNE R-JACKSON		62. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON, DEP CORONER			
STATE REGISTRAR A B C D E				FAX AUTHL CENSUS TRACT	
CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES					
This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.					
* 004049719 * OCT 18 2023					
VG Health Officer and Registrar DATE ISSUED					
This copy is valid unless prepared on engraved border displaying seal and signature of Registrar.					
ANY ALTERATION OR ERASURE Voids THIS CERTIFICATE					